

ORIGINAL

**Peaceful Pines RCF**

**#4460 RS**

**Add 1 RCF bed**



Certificate of Need Program

**NEW OR ADDITIONAL LONG TERM CARE BED APPLICATION\***

Applicant's Completeness Checklist and Table of Contents

Project Name Peaceful Pines RCF Addition of 1 Bed No. 4460

Project Description Addition of 1 bed to an existing space.

Done Page N/A Description of CON Rulebook Contents

CERTIFICATE OF NEED PROGRAM

**Divider I. Application Summary:**

- ☒ 1 ☐ 1. Applicant Identification and Certification (Form MO 580-1861).  
☒ 2 ☐ 2. Representative Registration (Form MO 580-1869).  
☒ 3 ☐ 3. Proposed Project Budget (Form MO 580-1863) and detail sheet.

DEC 21 2009

RECEIVED

**Divider II. Proposal Description:**

- ☒ 4 ☐ 1. Provide a complete detailed project description.  
☒ 5 ☐ 2. Provide a legible city or county map showing the exact location of the proposed facility.  
☐ 6 ☒ 3. Provide a site plan for the proposed project.  
☐ 7 ☒ 4. Provide preliminary schematic drawings for the proposed project.  
☐ 8 ☒ 5. Provide evidence that architectural plans have been submitted to the DHSS.  
☐ 9 ☒ 6. Provide the proposed gross square footage.  
☒ 10 ☐ 7. Document ownership of the project site, or provide an option to purchase.  
☒ 11 ☐ 8. Define the community to be served.  
☒ 12 ☐ 9. Provide 2015 population projections for the 15-mile radius service area.  
☐ 13 ☒ 10. Identify specific community problems or unmet needs the proposal would address.  
☐ 14 ☒ 11. Provide historical utilization for each of the past three years and utilization projections through the first three years of operation of the new LTC beds.  
☐ 15 ☒ 12. Provide the methods and assumptions used to project utilization.  
☐ 16 ☒ 13. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.  
☐ 17 ☒ 14. Provide copies of any petitions, letters of support or opposition received.

**Divider III. Service Specific Criteria and Standards:**

- ☐ 18 ☒ 1. For ICF/SNF beds, address the population-based bed need methodology of fifty-three (53) beds per one thousand (1,000) population age sixty-five (65) and older.  
☐ 19 ☒ 2. For RCF/ALF beds, address the population-based bed need methodology of twenty-five (25) beds per one thousand (1,000) population age sixty-five (65) and older.  
☒ 20 ☐ 3. Document any alternate need methodology used to determine the need for additional beds such as LTCH, Alzheimer's, mental health or other specialty beds.  
☐ 21 ☒ 4. For any proposed facility which is designed and operated exclusively for persons with acquired human immunodeficiency syndrome (AIDS) provide information to justify the need for the type of beds being proposed.

**Divider IV. Financial Feasibility Review Criteria & Standards:**

- ☐ 22 ☒ 1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data".  
☐ 23 ☒ 2. Document that sufficient financing is available by providing a letter from a financial institution or an auditors statement indicating that sufficient funds are available.  
☐ 24 ☒ 3. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) years beyond project completion.  
☐ 25 ☒ 4. Document how patient charges were derived.  
☐ 26 ☒ 5. Document responsiveness to the needs of the medically indigent.

\* Use for RCF/ALF, ICF/SNF and LTCH beds

## Certificate of Need Program

## APPLICANT IDENTIFICATION AND CERTIFICATION

(must match the **Letter of Intent** for this project, without exception)**1. Project Location** (attach additional pages as necessary to identify multiple project sites.)

Title of Proposed Project

Peaceful Pines RCF Addition of 1 Bed

Project Number

4460

Project Address (Street/City/State/Zip Code)

6614 CR 466 Poplar Bluff, MO 63901

County

Butler

**2. Applicant Identification** (information must agree with previously submitted Letter of Intent)**List All Owner(s):** (list corporate entity)

Address (Street/City/State/Zip Code)

Telephone Number

Reasons &amp; Co. LLC 1008 Jimmy Ln. Poplar Bluff, MO 63901 573-714-2434

**List All Operator(s):** (list entity to be licensed or certified)

Address (Street/City/State/Zip Code)

Telephone Number

Reasons &amp; Co. LLC 6614 CR 466 Poplar Bluff, MO 63901 573-778-0497

**3. Ownership** (Check applicable category)☐

Nonprofit Corporation

☐

Individual

☐

City

☐

District

☐

Partnership

☐

Corporation

☐

County

☒

Other: LLC

**4. Certification:**

In submitting this project application, the applicant understands that:

- (A) The review will be made as to the community need for the proposed beds or equipment in this application;
- (B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within the service area;
- (C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;
- (D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months;
- (E) Notification will be provided to the CON Program staff if and when the project is abandoned; and
- (F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.

We certify the information and data in this application as accurate to the best of our knowledge and belief by our representative's signature below:

**5. Authorized Contact Person** (attach a Contact Person Correction Form if different from the Letter of Intent)

Name of Contact Person

Hannah Reasons

Title

owner, manager

Telephone Number

573-778-0497

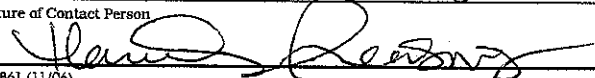
Fax Number

573-785-9509

E-mail Address

hreasons23@ad.com

Signature of Contact Person



Date of Signature

11-28-09



## Certificate of Need Program

## REPRESENTATIVE REGISTRATION

(A registration form must be completed for **each** project represented)

Project Name <b>Peaceful Pines RCF Addition of 1 Bed</b>		Number <b>4460</b>																
(Please type or print legibly)																		
Name of Representative <b>Hannah Reasons</b>		Title <b>owner, manager</b>																
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) <b>Reasons &amp; Co. LLC</b>		Telephone Number <b>573-778-0497</b>																
Address (Street/City/State/Zip Code) <b>614 CR 466 Poplar Bluff, MO 63901</b>																		
Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each.)																		
Name of Individual/Agency/Corporation/Organization being Represented <b>Reasons &amp; Co. LLC</b>		Telephone Number <b>573-778-0497</b>																
Address (Street/City/State/Zip Code) <b>614 CR 466 Poplar Bluff, MO 63901</b>																		
<table border="0"><tr><td>Check one. Do you:</td><td>Relationship to Project:</td></tr><tr><td><input checked="" type="checkbox"/> Support</td><td><input type="checkbox"/> None</td></tr><tr><td><input type="checkbox"/> Oppose</td><td><input type="checkbox"/> Employee</td></tr><tr><td><input type="checkbox"/> Neutral</td><td><input type="checkbox"/> Legal Counsel</td></tr><tr><td></td><td><input type="checkbox"/> Consultant</td></tr><tr><td></td><td><input type="checkbox"/> Lobbyist</td></tr><tr><td>Other information:</td><td><input checked="" type="checkbox"/> Other (explain):</td></tr><tr><td></td><td><b>owner of facility</b></td></tr></table>			Check one. Do you:	Relationship to Project:	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> None	<input type="checkbox"/> Oppose	<input type="checkbox"/> Employee	<input type="checkbox"/> Neutral	<input type="checkbox"/> Legal Counsel		<input type="checkbox"/> Consultant		<input type="checkbox"/> Lobbyist	Other information:	<input checked="" type="checkbox"/> Other (explain):		<b>owner of facility</b>
Check one. Do you:	Relationship to Project:																	
<input checked="" type="checkbox"/> Support	<input type="checkbox"/> None																	
<input type="checkbox"/> Oppose	<input type="checkbox"/> Employee																	
<input type="checkbox"/> Neutral	<input type="checkbox"/> Legal Counsel																	
	<input type="checkbox"/> Consultant																	
	<input type="checkbox"/> Lobbyist																	
Other information:	<input checked="" type="checkbox"/> Other (explain):																	
	<b>owner of facility</b>																	
<p>I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.</p>																		
Original Signature <b>Hannah Reasons</b>		Date <b>11-28-09</b>																

Certificate of Need Program  
**PROPOSED PROJECT BUDGET**

**Description**

**Dollars**

(fill in every line even if the amount is "0")

**COSTS:\***

1. New Construction Costs ***	\$ 0.00
2. Renovation Costs ***	0.00
<b>3. Subtotal Construction Costs (#1 plus #2)</b>	<b>\$ 0.00</b>
4. Architectural/Engineering Fees	\$ 0.00
5. Other Equipment (not in construction contract)	0.00
6. Major Medical Equipment	0.00
7. Land Acquisition Costs ***	0.00
8. Consultants' Fees/Legal Fees ***	0.00
9. Interest During Construction (net of interest earned) ***	0.00
10. Other Costs ****	0.00
<b>11. Subtotal Non-Construction Costs (sum of #4 through #10)</b>	<b>\$ 0.00</b>
<b>12. Total Project Development Costs (#3 plus #11)</b>	<b>\$ 0.00</b>

**FINANCING:**

13. Unrestricted Funds	\$ 0.00
14. Bonds	0.00
15. Loans	0.00
16. Other Methods (specify)	\$ 0.00
<b>17. Total Project Financing (sum of #13 through #16)</b>	<b>\$ 0.00</b>
18. New Construction Total Square Footage	0.00
19. New Construction Costs Per Square Foot *****	\$ 0.00
20. Renovated Space Total Square Footage	0.00
21. Renovated Space Costs Per Square Foot *****	\$ 0.00

\* Attach additional page(s) to provide details of how each line item was determined, including all methods and assumptions used.

\*\* These amounts should be the same.

\*\*\* Capitalizable items to be recognized as capital expenditures after project completion.

\*\*\*\* Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

\*\*\*\*\* Divide new construction costs by total new construction square footage.

\*\*\*\*\* Divide renovation costs by total renovation square footage.



# Peaceful Pines Residential Care

573-778-0497

614 CR 466 Poplar Bluff, MO 63901

11-28-09

To whom it may concern,

This letter is meant to serve as a project description for project number 4460. We are seeking to add one bed to our facility. There will be no construction cost, nor will there be any sort of equipment or furniture costs. All of the furniture and items used already belong to the facility. The bed we are seeking to add is already in place, but is not being used, nor is it licensed to use. The room itself is 100% ready.

If you have any other questions please do not hesitate to contact me any time at the number listed above.

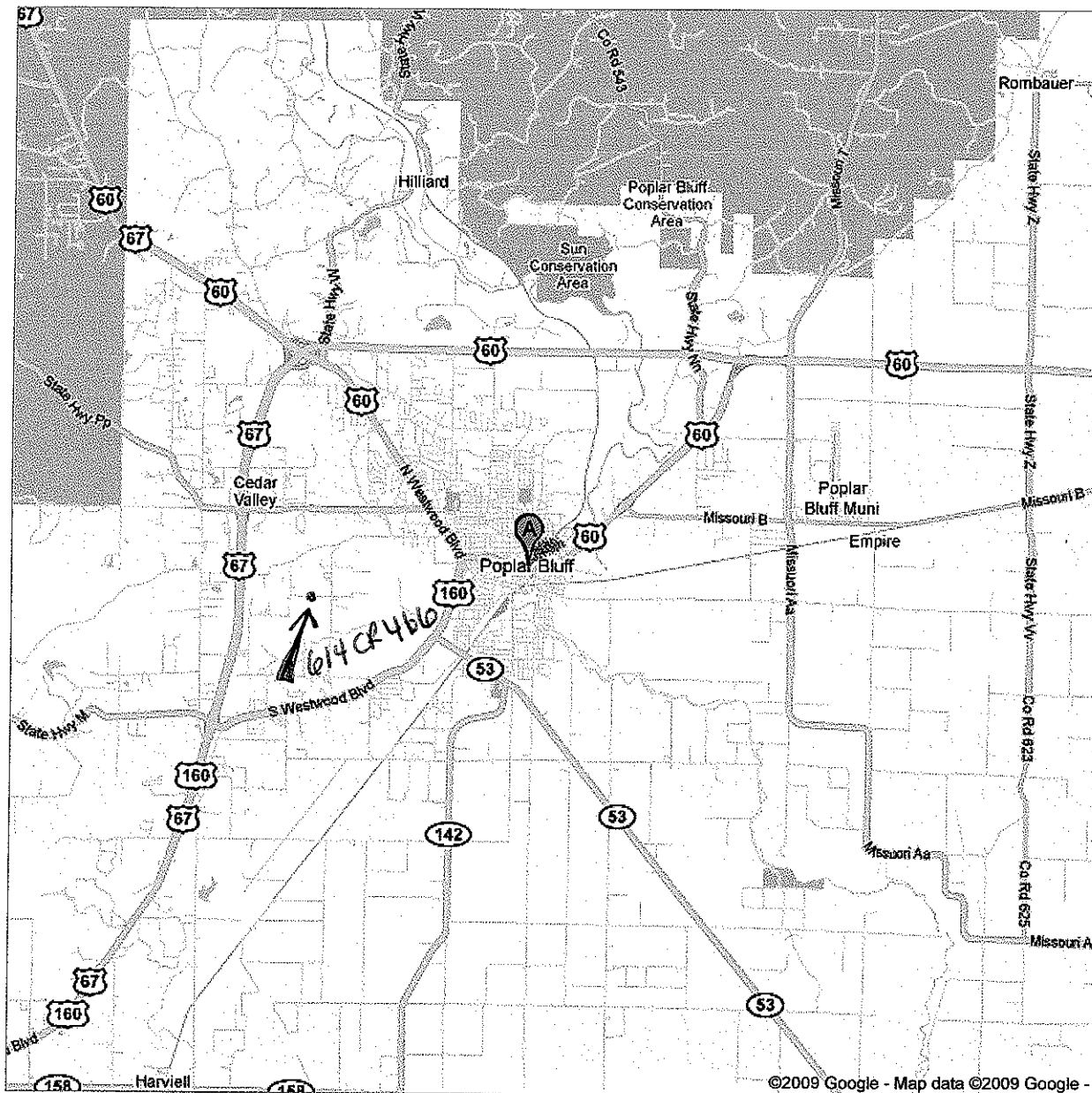
Thank you,

Hannah Reasons, B.S.W., Admin

Google maps Address Poplar Bluff, MO

Get Google Maps on your phone

Text the word "GMAPS" to 466453



**CONTRACT FOR THE PURCHASE OF REAL ESTATE**

THIS REAL ESTATE SALE CONTRACT ("Contract") is entered into as of the Effective Date (defined below), by and between KKA Enterprises, L.L.C. ("Seller") and Lane and Roena Reasons and Joshua and Hannah Reasons ("Purchaser").

1. **PROPERTY DESCRIPTION:** Seller agrees to sell and Purchaser agrees to purchase Peaceful Pines, a 12-bed residential care facility on +/-1.05 acres. Purchase includes the associated furniture and fixtures, logos, signage, phone numbers of Peaceful Pines located at 614 C.R. 466, Poplar Bluff, MO, 63901. Seller also agrees to purchase 2003 Dodge Sprinter van VIN WD5WD642935502138 as part of the purchase price. The computer and printer located in office are NOT included in the sale.
2. **EFFECTIVE DATE:** The "Effective Date" shall be the date this Contract is executed by the second of the parties to so execute same.
3. **PRICE AND PAYMENT:** Purchaser agrees to purchase said property for \$252,000 (two hundred fifty two thousand dollars).
  - a. Within five business days of Effective Date, Purchase shall deposit Two THOUSAND DOLLARS (\$2000.00) with Landowners Abstract and Title Inc. Title Company ("Escrow Agent") as earnest money ("Deposit") to be credited against the purchase price at Closing.
  - b. The balance of the Purchase Price, equaling TWO HUNDRED AND FIFTY THOUSAND (\$250,000), subject to adjustments as herein provided, will be due and payable in cash to Seller at Closing.
4. **LOAN COMMITMENT:** Purchaser has until 15 days from the effective date to provide proof of loan commitment to Seller.
5. **SURVEY:** Purchaser may obtain a survey at his expense.
6. **CLOSING COST:** Closing will take place at Landowners Abstract and Title, Inc. Title Company located at 1103 Cherry Street, Poplar Bluff, MO. The closing costs will be divided equally between seller and purchaser. Title insurance will be paid by purchaser.
7. **TAXES:** Taxes will be paid by Seller until the year of closing. Taxes will be prorated for the year of closing.
8. **TRAINING:** Seller will be accessible to answer questions via phone for one month and will provide on-site training, if needed, for the price of \$25 per hour for up to 30 days.



9. **RESIDENT PAYMENTS:** Any and all payments received by Seller for services provided by Peaceful Pines after the closing date shall be paid to the Purchaser. Any and all payments received by Purchaser for services provided by Peaceful Pines before the closing shall be paid to Seller.
10. **CLOSING:** Closing will take place on or before March 1, <sup>2007</sup>2006. If purchaser fails to close this sale by the closing date, the seller will be entitled to earnest money. The closing date may also be extended by written agreement of both parties.
11. **NON-COMPETE CLAUSE:** Sellers agree they will not own or be associated with like-kind business within a radius of 100 miles for the period of two years.

**Sellers**

Kim Marie Kowalski 2/1/07  
 Date

Angie Whitman 2/2/07  
 Date

Kim Pyman 2/2/07  
 Date

**Purchasers**

Johna Reasons 2-2-07  
 Date

Harold Reasons 2-2-07  
 Date

Donald X. Jensen 2/2/07  
 Date

Reena L. Reasons 2-2-07  
 Date



# Peaceful Pines Residential Care

573-778-0497

614 CR 466 Poplar Bluff, MO 63901

12-18-09

To whom it may concern,

The community that we are serving now involves primarily veterans through the local VA hospital. We currently have a contract with the VA to provide room and board, as well as any transportation and of course assistance with medications for veterans in the substance abuse treatment program, as well as the homeless veteran program. We also have a contract with the Missouri Dept. of Mental Health and provide the same for people within that system. Also, we have a few residents that are here on their own accord that simply need assistance with daily living.

If you have any other questions please do not hesitate to contact me any time at the number listed above.

Thank you,

Hannah Reasons, B.S.W., Admin



**Peaceful Pines Residential Care**

**573-778-0497**

**614 CR 466 Poplar Bluff, MO 63901**

12-18-09

To whom it may concern,

According to the Poplar Bluff Chamber of Commerce website, the projected population for the year 2015 of Butler County is 75,000. Currently, there are just over 48,000 in the county.

If you have any other questions please do not hesitate to contact me any time at the number listed above.

Thank you,

Hannah Reasons, B.S.W., Admin



**Peaceful Pines Residential Care**

**573-778-0497**

**614 CR 466 Poplar Bluff, MO 63901**

12-18-09

To whom it may concern,

With all due respect, and fancy jargon aside- I want to describe shortly why we are applying for the 14<sup>th</sup> bed. Our facility has stayed incredibly busy and full nearly every day of the month. It is not uncommon for us to implement a waiting list. Unfortunately, because we are a very small facility and the beds are in great demand, we have had to turn people away. There is no fancy, high-tech methodology being used to determine the need--- just simply being here on a daily basis would tell you that. We are currently licensed at 13 and the addition of a 14<sup>th</sup> bed would make a tremendous difference to our facility.

If you have any other questions please do not hesitate to contact me any time at the number listed above.

Thank you,

Hannah Reasons, B.S.W., Admin

***“Provide historical utilization for the facility for 2008, 2009, and 2010. plus projected utilization for 2010, 2011, 2012.”***

The following is a record of our RCF/ALF Certificate of Need Quarterly Surveys for the years 2008, 2009, and what we have so far for 2010.

(The following is for 12 licensed beds in this facility)

January 1 to March 31, 2008

1092 Licensed RODs

0 Unavailable Lic. RODs

1092 Total

910 Number of occupied RODs

182 Number of RODs vacant and available for residents

April 1 to June 30, 2008

1092 Licensed RODs

0 Unavailable Lic. RODs

1092 Total

1092 Number of occupied RODs

0 Number of RODs vacant and available for residents

July 1 to September 30, 2008

1104 Licensed RODs

0 Unavailable Lic. RODs

1104 Total

1104 Number of occupied RODs

0 Number of RODs vacant and available for residents

October 1 to December 31, 2008

1104 Licensed RODs

0 Unavailable Lic. RODs

1104 Total

1104 Number of occupied RODs

0 Number of RODs vacant and available for residents

(The following is for 13 Licensed beds in this facility)

January 1 to March 31, 2009

1170 Licensed RODs

0 Unavailable Lic. RODs

1170 Total

1170 Number of occupied RODs

0 Number of RODs vacant and available for residents

April 1 to June 30, 2009

1183 Licensed RODs

0 Unavailable Lic. RODs

1183 Total

1183 Number of occupied RODs

0 Number of RODs vacant and available for residents

July 1 to September 30, 2009

1196 Licensed RODs

0 Unavailable Lic. RODs

1196 Total

1196 Number of occupied RODs

0 Number of RODs vacant and available for residents

October 1 to December 31, 2009

1196 Licensed RODs

0 Unavailable Lic. RODs

1196 Total

1196 Number of occupied RODs

0 Number of RODs vacant and available for residents

### **Projection for the Future**

We project that in the years 2010, 2011, and 2012, we will remain either at full capacity or slightly under but not by much. Between our two contracts through the VA hospital and the Mental health department, as well as the local individuals who are private pay, we expect to remain full. Our VA contract alone almost ensures this as we see on a regular basis, if one VA resident leaves, that very day we will have the bed filled again.

***“Describe the methods and assumptions used to develop the projected utilization.”***

The assumption we used to develop our projection was that by history, if you look at our occupancy record we typically remain full. There may be an exception to this from time to time, but we have beds that are in high demand with regard to our VA contract. Currently, there are only two facilities in our area that have this contract with the local VA hospital and we are one of them. The other facility is about twenty miles northeast of Poplar Bluff. It is in a very isolated area. We know that the majority of VA vets that have a choice between the two facilities like to come to ours because of our proximity to not only the VA hospital but also the local stores etc. The program directors at the VA have told us this as well, so it verifies our assumptions.

***“Document how area residents have been made aware of this proposal. Describe how consumers had had an opportunity to provide input.”***

When we were originally a 12-bed facility, and just considering the idea of expanding a bit to our 13<sup>th</sup> bed, we did ask the residents here in the facility what their opinion was. The general consensus was good, and the residents really did not seem to care one way or another. We added the new room, and it was made in the fashion of all of our other resident rooms. It is designed to be a double-occupancy room where each resident would have their own bed, dresser, and closet. Also we added a special feature to the new room, that being a privately controlled heating/ac unit that goes through the wall, just below the window. This is a nice feature because they can have control of the temperature however they choose. Since the room itself is actually complete, we did not really have to have additional input at this point in the project for

the one additional, 14<sup>th</sup> bed. We did not feel it was necessary. We did however tell the local VA hospital, with whom we have a contract to house veterans, of our plans for the additional bed. They are our primary source of residents and call us on a very regular basis to see if we have an opening.

***“Describe how patient charges were derived.”***

### **VA Clients**

The majority of our residents are here under a contract from the VA hospital. That being said, we have an agreed-upon fee that is adjusted every year for a slight cost-of-living increase. The current fee is \$46 per day for our veterans under the homeless/substance abuse program. This includes room and board, as well as any transportation they might need.

### **Mental Health Clients**

The mental health department only helps to subsidize the cost of a person's stay, and their portion is a variable amount depending on how much income the person receives. For example, if the individual's check through social security is \$694 a month, the mental health department only pays \$75.47 additionally, while the department of family services pays \$139.00 monthly. Total funds from DFS and DMH along with resident income cannot exceed \$908.47 a month under our contract. However, additional funds can be requested through the personal care program if that resident should require the additional help. Rates typically vary from \$186 up to \$650 give or take depending on their level of need.

### **Private Pay Clients**

Private pay clients generally either have a VA pension, or SSI, or SSD, that they use to fund their stay at Peaceful Pines. We usually see what the client is able to pay and work with them on an individual basis and try to apply for any personal care grants we can to help supplement their costs. Typically a private pay client would pay about the same rate as a mental health client. If we know that a private pay client does not have medicaid, it does help us determine what their fee will be. If they do have medicaid we can generally offer a lower fee to the individual since we can apply for grants. If they do not have medicaid, we then have to factor in transportation fees because all medicaid patients qualify for medicaid transit.





## Certificate of Need Program

**SERVICE-SPECIFIC REVENUES AND EXPENSES****Historical Financial Data for Latest Three Years plus Projections Through Three Years Beyond Project Completion**

(Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.)

	Year		
	2007	2008	2009
<b>Amount of Utilization:*</b>	<u>4340</u>	<u>4210</u>	<u>4745</u>
<b>Revenue:</b>			
Average Charge**	<u>35.04</u>	<u>37.00</u>	<u>3815</u>
Gross Revenue	<u>152,073</u>	<u>155,786</u>	<u>181,011</u>
Revenue Deductions	<u>          </u>	<u>          </u>	<u>          </u>
Operating Revenue	<u>          </u>	<u>          </u>	<u>          </u>
Other Revenue	<u>          </u>	<u>          </u>	<u>          </u>
<b>TOTAL REVENUE</b>	<u>152073</u>	<u>155786</u>	<u>181011</u>
<b>Expenses:</b>			
Direct Expense			
Salaries	<u>49940</u>	<u>51,850</u>	<u>53406</u>
Fees	<u>1170</u>	<u>1309</u>	<u>1210</u>
Supplies	<u>25698</u>	<u>27417</u>	<u>32089</u>
Other	<u>29447</u>	<u>31,281</u>	<u>33189</u>
TOTAL DIRECT	<u>106,255</u>	<u>111,857</u>	<u>119894</u>
Indirect Expense			
Depreciation	<u>18182</u>	<u>17978</u>	<u>17708</u>
Interest***	<u>20805</u>	<u>21,402</u>	<u>21315</u>
Overhead****	<u>7771</u>	<u>7264</u>	<u>8684</u>
TOTAL INDIRECT	<u>46,758</u>	<u>46644</u>	<u>47767</u>
<b>TOTAL EXPENSE</b>	<u>153013</u>	<u>158501</u>	<u>167661</u>
<b>NET INCOME (LOSS):</b>	<u>&lt;940&gt;</u>	<u>&lt;2715&gt;</u>	<u>13350</u>

\* Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

\*\* Indicate how the average charge/procedure was calculated.

\*\*\* Only on long term debt, not construction.

\*\*\*\* Indicate how overhead was calculated.





Certificate of Need Program

**SERVICE-SPECIFIC REVENUES AND EXPENSES**

**Historical Financial Data for Latest Three Years plus Projections Through Three Years Beyond Project Completion**

(Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period and fill in the years in the appropriate blanks.)

	Year		
	2010	2011	2012
<b>Amount of Utilization:*</b>	4982	4982	4982
<b>Revenue:</b>			
Average Charge**	40.82	4286	4501
Gross Revenue	203365	213533	224210
Revenue Deductions			
Operating Revenue			
Other Revenue			
<b>TOTAL REVENUE</b>	<u>203365</u>	<u>213533</u>	<u>224210</u>
<b>Expenses:</b>			
Direct Expense			
Salaries	55008	56658	58358
Fees	1246	1284	1322
Supplies	33052	34043	35065
Other	34184	35210	36266
TOTAL DIRECT	<u>123490</u>	<u>127195</u>	<u>131011</u>
Indirect Expense			
Depreciation	17176	16661	16161
Interest***	20734	20112	19509
Overhead****	9205	9665	10148
TOTAL INDIRECT	<u>47115</u>	<u>46438</u>	<u>45818</u>
<b>TOTAL EXPENSE</b>	<u>170605</u>	<u>173633</u>	<u>176829</u>
<b>NET INCOME (LOSS):</b>	<u>32760</u>	<u>39900</u>	<u>47381</u>

\* Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

\*\* Indicate how the average charge/procedure was calculated.

\*\*\* Only on long term debt, not construction.

\*\*\*\* Indicate how overhead was calculated.



